

**SUBSTITUTE IRS FORM W-9**

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION.  
Federal Income Tax Law requires this form to be completed under IRS code section 1604.  
The City of Harrisonburg will not issue a check for payment until this form is completed.

VENDOR # \_\_\_\_\_ (leave blank)      **No City Employee can become a vendor.**

Requesting Department - \_\_\_\_\_

Please return this form to City of Harrisonburg, c/o Juanita Price - Purchasing Dept., 2111 Beery Road, Harrisonburg, VA 22801 or for faster response fax back this form to (540) 432-1640 or email to [juanitap@harrisonburgva.gov](mailto:juanitap@harrisonburgva.gov)

Enter the following information:

Description of Business (if applicable) \_\_\_\_\_

Legal Name: \_\_\_\_\_  
(must match the social security #, if applicable)

Trade Name: \_\_\_\_\_  
(must match Employer ID#, if applicable)

Physical address: \_\_\_\_\_ Payable address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Organization Entity:** Check only 1:

	Full Name	Social Security #		Employer ID #
_____ Individual/Sole Proprietor	_____	_____	or	_____

_____ Partnership	_____	_____		_____
-------------------	-------	-------	--	-------

_____ Corporation	_____	_____		_____
-------------------	-------	-------	--	-------

\_\_\_\_\_ LLC – Check 1 below:

    D - Disregarded Entity

_____ Owned by an individual – SS #	_____			
-------------------------------------	-------	--	--	--

_____ Not owned by an individual – Employer ID#	_____			_____
---	-------	--	--	-------

_____ C – Corporation - Employer ID#	_____			_____
--------------------------------------	-------	--	--	-------

_____ P – Partnership - Employer ID#	_____			_____
--------------------------------------	-------	--	--	-------

_____ Trust or Estate	_____			_____
-----------------------	-------	--	--	-------

_____ Government Entity	_____			_____
-------------------------	-------	--	--	-------

Is your organization (association, club, religious, charitable, educational, or other group) tax exempt under IRS Section 501 (a)  
Yes \_\_\_\_\_ No \_\_\_\_\_

Certification: Under penalties of perjury, I certify that: (1) The numbers shown on this form is my correct taxpayer ID # or I am waiting for a # to be issued to me, and (2) The organization entity and all other information provided is accurate, and (3) I am not subject to backup withholding as a result of a failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding. (If there are questions refer to IRS Form W-9 for clarification).

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_